

Date of Interview _____

Date of Orientation: _____

VOLUNTEER/INTERN APPLICATION

Name: _____ Referred by: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Occupation: _____ Employer: _____

Emergency Contact Name and Phone#: _____

How did you hear about us? _____

Why are you interested in volunteering/interning with NEHD? Include if this is for a school internship or school community service, etc. _____

If this is for a school internship, please provide the name of the school and advisor name and contact information: _____

What do you hope to gain from your experience at NEHD? _____

What previous experience, if any, have you had with NEHD? _____

How many hours per week do you want to volunteer/intern and for what period of time? _____

Please indicate the days and times that you will be available to volunteer/intern?

DAYS	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday/Sunday
HOURS						

What skills, training, or knowledge do you have that will assist in volunteering/interning? _____

Please indicate the kind of activities you would be willing to do:

- 1:1's arts&crafts socializing ballgames leading group activities light clerical work
 Assisting group activities cards boardgames wordgames Wii assist in organization

Are you deaf, hard of hearing, or hearing? Deaf Hard of Hearing Hearing

Are you fluent in American Sign Language? YES NO

If not, are you currently in a sign language class or program? YES NO

Please provide 3 references that are not related to you:

Name, Relationship, Daytime Phone, Email Address

1. _____
_____ 2. _____
_____ 3. _____

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer/intern opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer/intern position and in interviews with NEHD that is true, correct, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer/intern position. I understand that information contained on my application will be verified by NEHD. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a position with NEHD or my termination as a volunteer/intern.

Signature: _____ Date: _____

New England Homes for the Deaf, Inc.

154 Water Street

Danvers, MA 01923

Jessica Dupont, Activities Director

jdupont@nehd.org

voice: 978-774-0445 Ext. 302 fax: 978-774-0271 VP: 978-767-8782

www.nehd.org